

NOTICE OF DISSOLUTION OF CO-PARTNERSHIP OR  
BUSINESS UNDER ASSUMED NAME

To: Carmella Sabaugh, Macomb County Clerk  
Attn: Business Registrations  
40 North Main  
Mount Clemens, MI 48043

Filing Fee: \$10.00  
No.: \_\_\_\_\_

The undersigned, being one of the members of the co-partnership/assumed name does hereby certify that the co-partnership/assumed name conducting business under the name of

\_\_\_\_\_

Address \_\_\_\_\_

In the County of \_\_\_\_\_ has been discontinued.

Dated: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF MICHIGAN  
COUNTY OF MACOMB

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ , before me personally appeared \_\_\_\_\_ who being duly sworn, deposes and says that he/she is a member of the aforesaid co-partnership/assumed name and is duly authorized to execute this Certificate of Discontinuance.

\_\_\_\_\_  
Notary Public, State of Michigan, County of Macomb  
My Commission expires: \_\_\_\_\_  
Acting in the County of Macomb

STATE OF MICHIGAN  
COUNTY OF MACOMB

I, CARMELLA SABAUGH, County Clerk, do hereby certify that I have compared the foregoing copy of Certificate of Discontinuance of Co-Partnership/Assumed Name Certificate with the original and that it is a true and correct transcript, and of the whole of such original.

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed the seal of the Circuit Court of said County of Macomb at Mount Clemens this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

CARMELLA SABAUGH, Macomb County Clerk

By: \_\_\_\_\_  
Deputy Clerk